U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18158		2. Fiscal Year Covered From:				<u></u>	
			C	1 /01	/ 04	Through: 12/31 / 04	
3. Name and address of parson filing.			4. Name, file number, and address of labor organization.				
Name Jay D Hoiland			Name Carpenters & Millwrights Local #1176 Labor Organization File Number 034 123				
P.O. Sox, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any				
Street	treel 3251 36th Ave S		Street 3002 1st Ave N				
City	Fargo		City	Fargo	•		
State	ND	ZIP Code + 4 58104	State	ND		ZIP Code + 4 58102	
5. Position in labor organization. Position of officer		VICE	PRESE:	IDENT			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (Including trade name, if	any). 7.a. Nature of Interest, Transaction, or Income.			
Name Not applicable				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
	7.b. Ainqunt.			
Stract				
City				
State ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the cignatory and is, to the best of the
uncersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Form LM-30 (2003)

Name of Person Fling Jay D Hoiland		File Number U-		
Bilde'd an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seaking to represent, or (2) any part of which consists of buying from or selling or leasing cirectly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name North Central Carpenters Training	(a.)Labor Grganization			
Fund Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 5238 Miller Trunk Hwy				
Cily Hermantown				
State MN ZIP Code +4 55811				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.		
Name				
Trace Name, if any:	Incentive for Aerial Lift training			
P.O. Box, Bldg., Room No., if any	class - 10,	/2004		
Street				
City	11.b. Approximate dollar value 12.a. Nature of interest held			
State ZiP Code + 4	12.d. Natora Di Interest Nex	or mcome received.		
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	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r paris A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.			
Name Not Applicable				
Trade Name if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

B - Hard an Extensial in or derived Income or according benefit with monetary value from a business (1) a substantial part of which consider of buying from, writing or leading to or or therelies dealing with the business of an employer without perspent or or dealing with the business of an employer without perspent or or dealing with your latter organization or with a frust in which your labor organization or with a frust in which your labor organization is linearcered. 9. Name and address of Business (including bade name, if any). Name North Central Carpenters Training Fund Trade Name, if any: P.O. Box, Bidg. Roum No. if any Street 5238 Miller Trunk Hwy CV Hermantown State N ZP Code + 4 55811 10 If 9.b. or 9.c. is checked give trust or employer name. Name Trace Name, if any: P.O. Box, Bidg., Room No., if any Street City G. Absort Organization Incentive for Insulated concrete Forms training class — 11–2004 11.b. Approximate dealin value of such dealing. \$75,00 12.b. Nature of interest hald or income received. 12.b. Amount. C. Roceived from any employer (other than an employer covered under parts A and B above) or reform any labor relations considered to the employer any physicant of money or other thing or value. 13.b. Nature of authorized hald or income received. 14.b. Amount of payment.	Name of Person Filing Jay D Hoiland		File Number U-		
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State ZIP Code + 4 14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant ?					
	13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

8- 5-05:10:50AM;Carpenters 10

Date